

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047050

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **6629**

6629

FILED JAN 14 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in lb
55 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
339 S. Kensington

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
ALICE MC HUGH

4. DATE OF DEATH
Month Day Year
December 25, 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
1-21-1883

9. AGE (last birthday)
79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Centerville, Iowa

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John Strickland

13b. MOTHER'S MAIDEN NAME

Christian Groff

14. NAME OF HUSBAND OR WIFE

Thomas McHugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT Address
Mrs. Madge Walters 339 S. Kensington

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute peritonitis
coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH
4 days few minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Sigmoid diverticulitis - ruptured

DUE TO (c)

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary thrombosis secondary to chronic cor pulmonale

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4/13/61** to **12/25/62** and last saw her alive on **12/25/62**
Death occurred at **Hospital** - **540 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. E. Van Burskirk MD

22b. ADDRESS

5246 St. John K C Mo

22c. DATE SIGNED

12/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12-28-62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
Kansas City, Kansas

24. FUNERAL DIRECTOR

Mellody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.
12-27-62

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

B. Van Buskirk MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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Van Buskerft
Mr. Kienburger
5246 St. John
Be 1-0141

Tues. 11:00 to 5:00

Signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R Phillips

Licensed Embalmer No. 4641

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.